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ABSTRACT

It has been documented that exposure to severe and prolonged stress can result in emotional disturbances which may last for decades. Research has focused on the diagnosis of Post-traumatic Stress Disorder (PTSD), symptoms of which include flashbacks, increased startle response, interpersonal withdrawal, suspiciousness, impulsivity, and irritability. This study compared veterans (N=120) from World War II (WWII) and the Vietnam War with and without the diagnosis of PTSD. The Symptom Checklist 90-Revised version was completed by WWII veterans who had been prisoners of war (POWs) (N=30) and met the criteria for PTSD; WW II veterans (N=30) who did not meet the criteria for PTSD; Vietnam combat veterans (N=30) diagnosed with PTSD; and non-PTSD Vietnam combat veterans (N=30) who had been treated for other psychiatric disorders. Both WWII and Vietnam combat veterans with PTSD reported greater distress than non-PTSD veterans. Vietnam combat veterans with PTSD reported significantly greater global distress, and obtained greater distress scores on 8 of 9 subscales of the Symptom Checklist 90-Revised than the WWI ex-POWs. The two groups rated their anxiety levels about the same. Only on the somatization scale, which measures physical symptoms distress and concerns, did ex-POWs score higher, which is consistent with greater age and associated physical complications. Thus it appears that veterans with PTSD who had different combat and cohort experiences may not present the same symptom pictures. (BHK)

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Comparison of Symptom Distress between World War II Ex-POWs and Vietnam Combat Veterans with Post Traumatic Stress Disorder

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Abstract

The SCL-90R was used to compare World War II PTSD (Ex-POWs) and non-PTSD veterans with Vietnam War PTSD and non-PTSD veterans. While PTSD groups reported more distress than non-PTSD, Vietnam Veterans reported greater distress than WWII veterans.

It is well documented that exposure to severe and prolonged stress can result in emotional disturbances which may last decades (e.g., Miller, 1991). Much recent research has focused on the diagnosis of Post-traumatic Stress Disorder (PTSD), related anxiety disorders, and mood disturbances with victims of violence and natural disasters, and holocaust survivors, and combat veterans. According to DSM-III-R symptoms of PTSD include, flashbacks, increased startle response, interpersonal withdrawal, suspiciousness, impulsivity, and irritability.

Attempts to empirically assess PTSD include the use of neuropsychological measures (Sutker, Galina, West, et al, 1990), psychophysiological measures (Blanchard, Kolb, Gerardi, et al, 1986), and neurochemical indicators (Mason, Giller, Kosten, et al, 1986). Additionally, standard personality assessment instruments have been used to compare Vietnam veterans with PTSD to various control groups. For example, researchers have used the MMPI, Beck and Zung Depression inventories, Stait-Trait Anxiety Inventory, Fear Survey Schedule, and Buss-Durkee Hostility Inventory. However, to this date few studies have compared veterans from different conflicts with and without the diagnosis of PTSD. The current study uses the Symptom Checklist 90-Revised version (Derogatis, 1983) to compare these groups. The SCL-90 (R) is a self-report inventory with nine primary dimensions plus

three global measures. The SCL-90 has been used as one indicae for the measurement of PTSD in the Three Mile Island accident and indicated higher mean scores when compared to control groups (Davidson & Baum, 1986). Recently, there have been studies which have used the SCL-90 (R) in assessing the existence of PTSD in veterans. Specifically, using Vietnam veterans as subjects, Woolfolk & Grady (1988) found those with a diagnosis of PTSD showed "evidence of higher overall psychopathology, manifesting higher absolute scores...and a difference in the direction of greater psychopathology that achieved significance on the Global Severity Index..." (p. 109). Additionally, using the SCL-90 (R) as part of a broad based assessment package, Blake, et al (1990) found Vietnam veterans showed more psychological distress than either Korean or WWII veterans. The purpose of the present study was to investigate differences between PTSD and non-PTSD veterans from both Vietnam and WWII.

Methods.

Subjects included a total of 120 veterans evaluated and treated on an outpatient basis at a Department of Veterans Affairs Medical Center. All subjects completed the SCL-90-R assessment prior to treatment intervention. Subject groups included:

a. 30 WWII Ex-POWs. The Department of Veterans Affairs has established centers to evaluate and treat former prisoners of war. All Ex-POW's are eligible to participate in a comprehensive medical and psychiatric "protocol examination" as well as receive treatment for medical and emotional disturbances. All subjects in this study voluntarily participated in psychological testing as part of that protocol examination or as an initial screening. All subjects met the DSM-III-R criterion for Post Traumatic Stress Disorder. The 30 subjects for this group were randomly selected from all who completed the psychological examination and met diagnostic criterion (n=63). Subjects were from the European (n=20) and Pacific (n=10) theaters of operation. All subjects were Caucasian and male. The mean age was 71.

b. 30 non-PTSD WWII veterans treated in a behavioral medicine clinic. Subjects were randomly selected from all WWII patients referred to the clinic (n=61). Patients were referred for stress related problems, but none met the criterion for PTSD. Diagnosis included psychological factors affecting physical condition, pain related disorders or male erectile dysfunction.

c. 30 Vietnam combat veterans with confirmed diagnosis of PTSD. Subjects were randomly selected from Vietnam combat veterans who had been referred and evaluated individually by two clinical

staff members of a partial hospitalization PTSD treatment program at this facility (n=102). This program, and the screening procedures used has been described elsewhere (Perconte, Greiger, & Bellucci, 1989). Only veterans judged as meeting DSM-III-R criteria for PTSD were included in this group.

d. 30 non-PTSD Vietnam combat veterans treated for other psychiatric disorders. Subjects were randomly selected from a group of Vietnam combat veterans also referred to the previously mentioned partial hospital program (n=38). All veterans in this group had presented for treatment with problems other than PTSD, and were not found to meet DSM-III-R criteria for PTSD following evaluation for the partial hospital PTSD program. Of these, 10 were diagnosed as dysthymic disorder, 4 as bipolar disorder, 6 with schizophrenic disorders, 3 with major depressive disorders, 4 as borderline personality disorder, and 3 with other personality disorders.

Results.

A one-way multivariate analysis of variance (MANOVA) by group using the three global indices of the SCL-90R as the dependent variables was calculated. There was a significant effect of group membership [multivariate $F(9,277) = 12.79$, $p<.0001$]. Univariate ANOVAs revealed a significant effect of

group membership on all three global indices: Global Severity Index ($F(3,116) = 36.82$, $p<.0001$); Positive Symptom Distress index ($F(3, 116) = 27.80$, $p<.0001$); and Positive Symptom Total, ($F(3,116) = p<.0001$). Tukey's post-hoc analyses revealed that on the Global Severity Index, the two PTSD groups scored higher than the two non-PTSD groups. In addition, the Vietnam veterans scored higher than their WWII counterparts.

In order to more closely examine the differences between the two groups, a one-way MANOVA was calculated utilizing the nine subscale scores. This analysis revealed a significant effect of group membership ($F(30,923) = 9.06$, $p<.0001$) and univariate ANOVAs were subsequently performed. All univarite ANOVAs were significant at the .0001 level. Further, as indicated by the Tukey's post-hoc tests, on 8 of 9 subscales, the Vietnam PTSD group was significantly different from all of the other groups, exhibiting more symptomatology. On the Anxiety subscale the two PTSD groups were equal to each other, and both were higher than the non-PTSD groups. Only on the Somatization scale was the WWII PTSD group higher than the Vietnam PTSD group (again both were higher than the two non-PTSD groups). While the non-PTSD Vietnam groups generally obtained higher mean scores on the subscales than the non-PTSD WWII veterans, these differences did not reach statistical significance.

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Discussion.

This study represents one of the first attempts to compare symptom profiles of WWII and Vietnam veterans with and without PTSD. Not surprisingly, both WWII and Vietnam combat veterans with PTSD reported significantly greater distress on the SCL-90-R than non-PTSD veterans, consistent with previous research comparing test results of veterans with PTSD with other patient populations (Horowitz, Wilner, Kaltreider, et al, 1980). It is important to note that while the PTSD groups differed significantly in levels of distress from the non-PTSD groups, there were also significant differences between the two PTSD groups in reported distress and symptomatology. Vietnam combat veterans with PTSD reported significantly greater global distress, and obtained greater distress scores on 8 of 9 subscales than the WWII ex-POWs. The two groups rated their anxiety levels about the same. Only on the somatization scale, which measures physical symptoms distress and concerns, did ex-POWs score higher, which is consistent with greater age and associated physical complications. Thus, it appears that veterans

with PTSD having different combat and cohort experiences may not present with the same symptom pictures. Three explanations may be considered and include:

1. The results support previous findings of (Perconte, & Goreczny, 1990), who identified a significant number of symptom overreporters among Vietnam combat veterans. It appears that this tendency to overreport exists even in comparison to other PTSD combat groups.

2. Developmental - At a younger age, the WWII PTSD groups would have shown a similar symptom profile to the Vietnam veterans. However, increasing age produces a diminished symptom profile reflecting a less intense experience of most symptomatology.

3. Sociological - Given the cultural milieu, Vietnam Veterans could talk about their experiences, while after WWII any mention of emotional symptoms were minimized and seen as an embarrassment. It may be that Vietnam veterans do not "overreport" symptoms, but that WWII Ex-POW's "underreport". Alternatively, unlike other conflicts, the culture to which the Vietnam Veteran returned was not necessarily supportive of the war effort. Returning Vietnam Veterans may indeed be reporting

significantly more distress as a reflection of unresolved emotional issues.

Future research should attempt to explore the differing symptom pictures of PTSD, especially with an attempt to delineate any age related changes in reported symptomatology.

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TABLE 1

Group Means and Standard Deviations for SCL-90-R

	VN-PTSD	WWII-PTSD	VN-non-PTSD	WWII-non-PTSD
	M(SD)	M(SD)	M(SD)	M(SD)
SCALE				
SOM	1.69(.75)	2.40(.88)	0.72(.74)	0.96(.77)
OC	2.64(.68)	2.12(.52)	1.26(.74)	1.01(.86)
IS	2.30(.92)	1.33(.72)	1.28(.73)	0.89(.74)
DEP	2.74(.70)	2.06(.59)	1.44(.75)	1.19(.83)
ANX	2.67(.91)	2.21(.77)	0.95(.68)	0.76(.76)
HOS	2.63(.93)	1.61(.61)	1.06(.93)	0.65(.67)
PHO	2.00(1.11)	0.95(.55)	0.56(.68)	0.31(.52)
PAR	2.15(.96)	1.22(.66)	1.01(.85)	0.75(.67)
PSY	1.85(.80)	1.18(.50)	0.87(.64)	0.71(.54)
GSI	2.31(.70)	1.81(.52)	1.05(.57)	0.87(.63)
PSDI	2.76(.58)	2.3(.32)	1.97(.52)	1.63(.54)
PST	0.74(.12)	0.69(.14)	0.47(.19)	0.42(.23)

Note. For all groups, n=30. SOM = Somatization, OC = Obsessive-Compulsive, IS = Interpersonal Sensitivity, DEP = Depression, ANX = Anxiety, HOS = Hostility, PHO = Phobic Anxiety, PAR = Paranoid Ideation, PSY = Psychoticism, GSI = Global Severity Index, PSDI = Positive Symptom Distress Index, PST = Positive Symptom Total.